

U090000 56886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

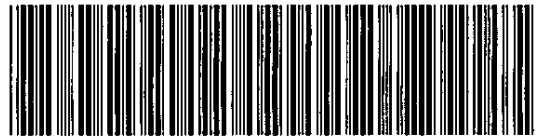
(Business Entity Name)

(Document Number)

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09 AUG 26 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S. HAWKES
AUG 27 2009
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2283 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHARON PICKARD
Name of Person

2283 LLC
Firm/Company

2283 WILTON DRIVE
Address

WILTON MANORS, FL 33305
City/State and Zip Code

SHARONPICKARD@AOL.COM *Sharon a pickard@aol.com*
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON PICKARD at (**954**) **258-3250**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2283 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JUNE 11, 2009 and assigned
Florida document number L09000056886.

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TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 2283 WILTON DRIVE
(Principal office address MUST BE A STREET ADDRESS) WILTON MANORS, FL 33305

Enter new mailing address, if applicable: 2283 WILTON DRIVE
(Mailing address MAY BE A POST OFFICE BOX) WILTON MANORS, FL 33306

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: SHARON PICKARD

New Registered Office Address: 2283 WILTON DRIVE
Enter Florida street address

WILTON MANORS, Florida 33306
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Sharon A. Pickard
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DENNY R. HUGHES	330 N. ANDREWS AVENUE, #450 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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STATE OF FLORIDA
SECRETARY OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 8-25, 2009

Sharon A. Pickard
Signature of a member or authorized representative of a member
SHARON A. PICKARD
Typed or printed name of signee